

Name In Full

Certificate of Death

Evelyn Belle Appleby

Town

County

Died at

Takoma Park Montgomery

MARYLAND

Date 1903

Month Day
Aug. 2

Age —

Y. M. D.
3. 18Native of
Md.

Occupation

—

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Morris Appleby

Mother's

Maiden Name

Nellie May Arnold

Cause of

Primary

Chol. Infantum

How long sick

6 weeks

Death

Immediate

Dottaria

Accident, Suicide, Homicide

Reported by

Dr. Miller

(last in attendance)

Address

Washington D.C.

L.M. Moore.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

Registrar



Name In Full

Certificate of Death

Lilian H. Bentley
 Died at *Dand Springs* *Montgomery*
 Town County
 Date 1903 Aug. 15th Age 91 24 Md.
 Month Day Y. M. D. Native of
 Female White Single Widower
 Number of children living

MARYLAND

Occupation

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name
in
Full

CERTIFICATE OF DEATH

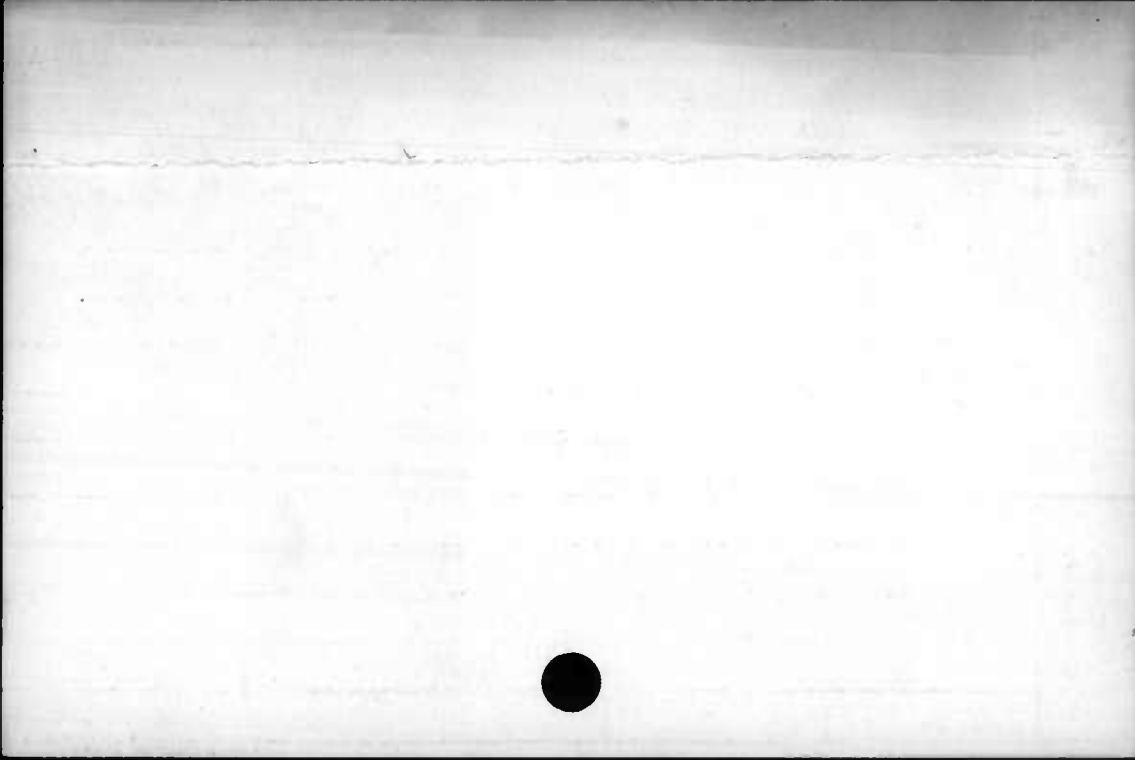
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>3</i>	Age <i>6</i> Years	Months <i>6</i>	Days <i>27</i>
Sex <i>f</i>	Color or Race <i>white</i>		Birth-place <i>Washington</i>		
Married Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Jos R. Beymer</i>			Father's Birthplace <i>Kentucky</i>		
Mother's Maiden Name <i>Alice C. Heulse</i>			Mother's Birthplace <i>Mo. Co.</i>		
Name of person giving information <i>Mrs Wm Swazfater</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Cholera infantum</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>	
	Address <i>Takoma Park D.C.</i>	
Accident or Suicide?	<i>L.M. Moores - Registrar</i>	



Name in Full

Certificate of Death

Lucy Bowling

Died at ^{Town} Potomac ^{County} Montgomery MARYLAND

Date 1903 Aug. 23 Month Day Y. M. D. Age — 5 — Native of Md. Occupation none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

~~Number of children living~~Husband
of
Wife

Father's Name John W. Bowling Mother's Maiden Name Corry E. Bowling

Cause of Death { Primary Pneumonia Immediate Apnoea How long sick 81 days Accident, Suicide, Homicide

Reported by George E. Lewis, M.D.
Address Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

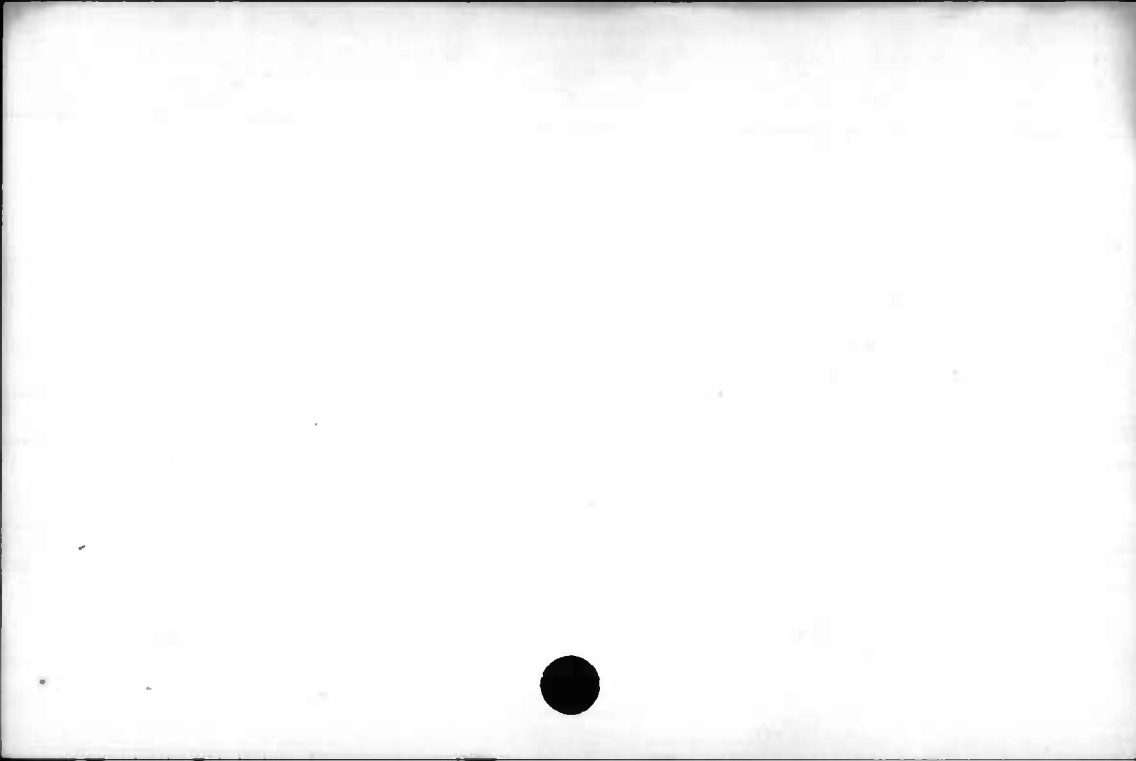
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chester Burns</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Foundling Hospital</i>		Month <i>Aug.</i>		Day <i>5th</i>	
Date of death <i>1903</i>		Age <i>5</i>		Years <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>N.P.</i>	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name —		Father's Birthplace —			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving Information —		How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Since Birth</i>
Immediate <i>Inanition</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. H. Howard M.D.</i>
	Address <i>Foundling Hospital Bethesda Md.</i>
Accident or Suicide? —	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Boyd's* ^{Town} *Murphy* ^{County}Date of death *1903* ^{Month} *8* ^{Day} *24* ^{Years} *3* ^{Months} ^{Days}Sex *Male* Color or Race *Negro* Birth-place *Boyd's*Occupation *Where Residing if not at place of death*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Illegitimate* Father's Birthplace *—*Mother's Maiden Name *Lisle Carroll* Mother's Birthplace *Boyd's*Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

Primary *Pneumonia* *93* How long *One week*Immediate *Asphyxia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *U. D. House Jr. D.*

Address

Accident or Suicide?



Name
in
Full

Ruth Cornell Clem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foundling Hosp. Montgomery</i>		County		State	
Date of death <i>1903</i>		Month <i>Aug</i>	Day <i>10th</i>	Years	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>D.C.</i>		Days <i>7</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving Information <i>-</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital malformation of heart</i>	How long <i>Birth</i>
Immediate <i>Syncope</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. H. Hayward M.D.</i>
	Address <i>Foundling Hospital Bethesda Md.</i>
Accident or Suicide? <i>-</i>	

1872

Wm. C. C. C. C.

Name
in
Full

Charles A Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Laytonsville</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death 190	^{Month} <i>3</i>	^{Day} <i>August 12</i>	^{Years} <i>79</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Ruth E Crawford</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Ruth E Crawford</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 months</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E H. Echison</i>	
		Address <i>Gaithersburg Md</i>	
Accident or Suicide?			



Name
in
Full

Rosa Brady Gaudy

CERTIFICATE OF DEATH

Died at ^{Town} Rockville^{County} Montgomery

MARYLAND

Date
of death 1903

Month 8

Day 26

Age

Years

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Rockville Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Edward Gaudy

Father's
Name

Niraine Brady

Father's
Birthplace

Pa

Mother's
Maiden Name

X

X

Mother's
Birthplace

X

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Typhoid fever

How long

10 days

Immediate

Prostration & pneumonia

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

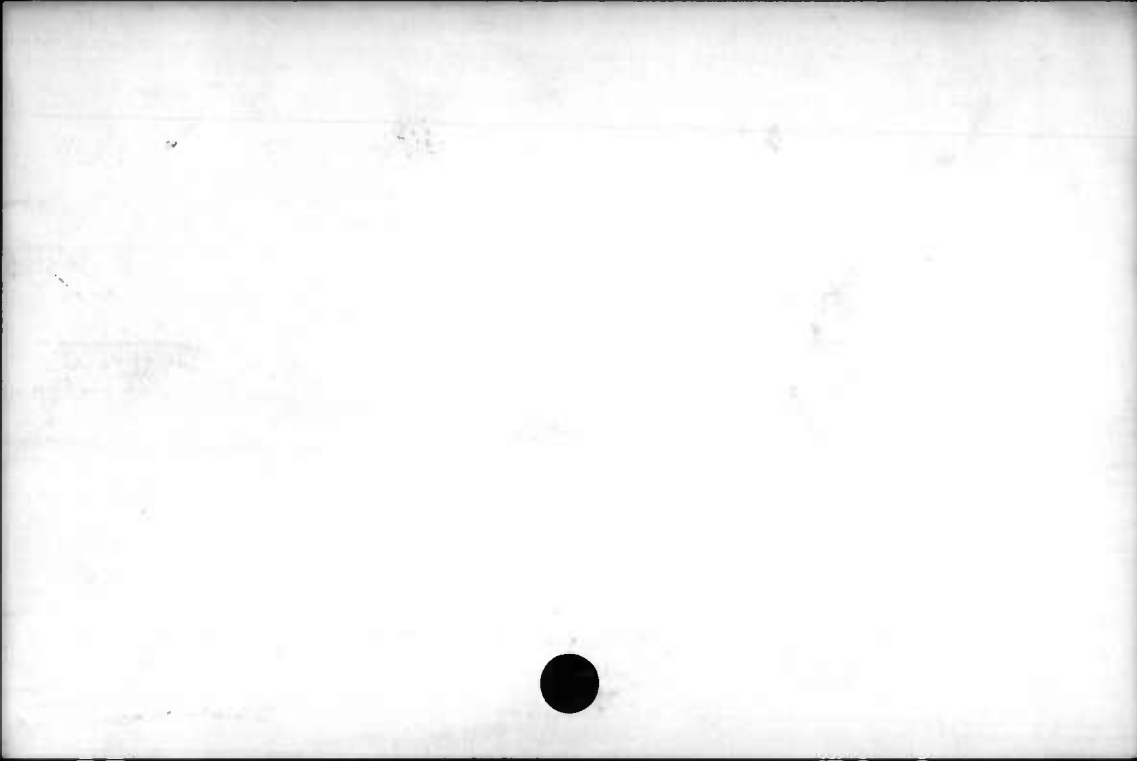
O. M. Linticum

Address

Rockville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Jackson

Town

County

Montgomery

MARYLAND

Died at Edwards's Ferry

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913 August 9

Age 3 hours

Md

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Riley Jackson

Mother's

Maiden Name

Maria Turley

Cause of

Primary

neglect

How long sick

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Riley Jackson

Address

Edwards's Ferry Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary L. Magruder

Died at *new* ^{Town} *Brooksville* ^{County} *Montgomery* MARYLAND

Date *1903* ^{Month} *Aug.* ^{Day} *13* ^{Y.} *16* ^{M.} *Montg. Co.* ^{D.} *Cook* ^{Native of} ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name *Alexander Magruder* Mother's Name *Louisa Magruder*

Cause of { Primary *Typhoid Fever* How long sick *5 mos -*
 Death { Immediate *Peritonitis* Accident, Suicide, Homicide

Reported by *Dr. W. L. Green*

Address *Brooksville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harry Marshall</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Foundling Hospital</i>		City <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1903 Aug 21</i>	Month <i>Aug</i>	Day <i>21</i>	Age <i>2</i>	Years <i>10</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>D.C.</i>			
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name —		Father's Birthplace —			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving Information —		How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>2 months</i>
Immediate <i>Starvation</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. H. Howard M.D.</i>
	Address <i>Foundling Hospital Beltsville, Md.</i>
Accident or Suicide? —	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

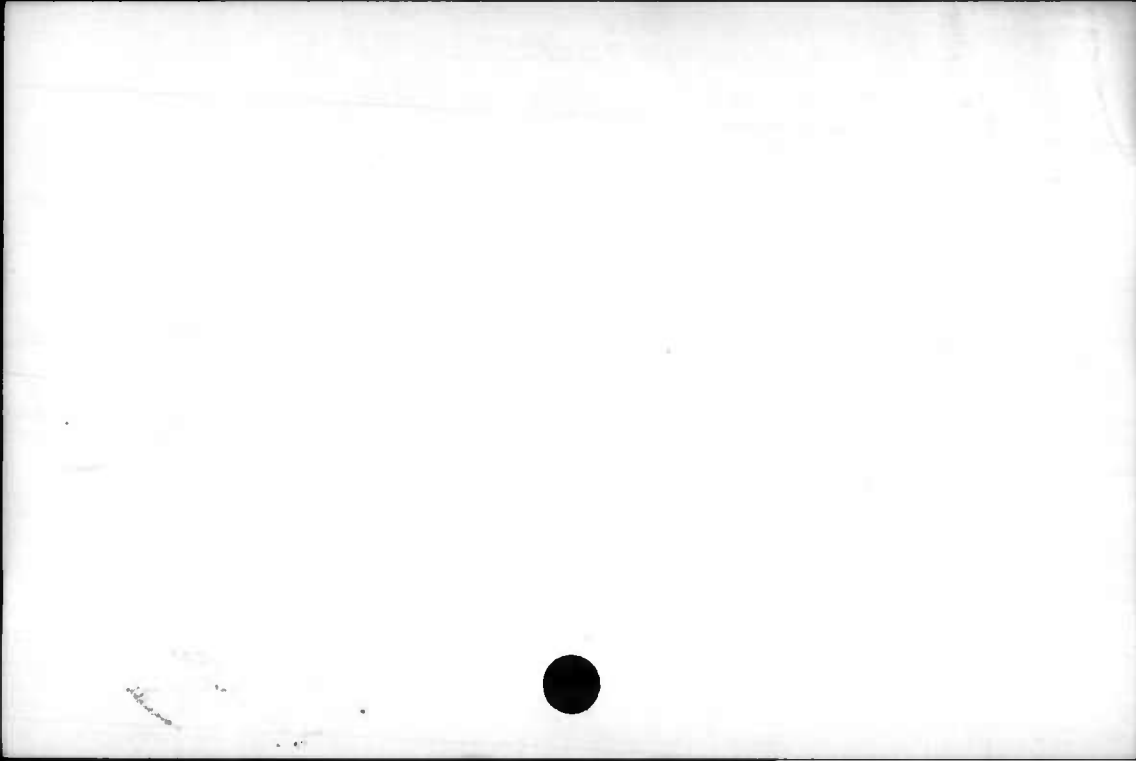
Name *Frances Birch Moore* County *Montgomery*
 Died at *Foundling Hospital* Maryland
 Date of death *1903 Aug. 8th* Age *6* Months *13* Days
 Sex *Female* Color or Race *White* Birth-place *N.C.*
 Occupation *-* Where Residing if not at place of death *-*
 Married, Single or Widowed *-* Name of Wife or Husband *-*
 Father's Name *-* Father's Birthplace *-*
 Mother's Maiden Name *-* Mother's Birthplace *-*
 Name of person giving Information *-* How related to deceased *-*

105

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Dcho Colitis* How long *2 days*
 Immediate *Quarantined* How long *" "*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *S. H. Howard M.D.*
 Address *Foundling Hospital Bethesda, Md.*
 Accident or Suicide? *-*



Name
in
Full

William H. Pratt

CERTIFICATE OF DEATH

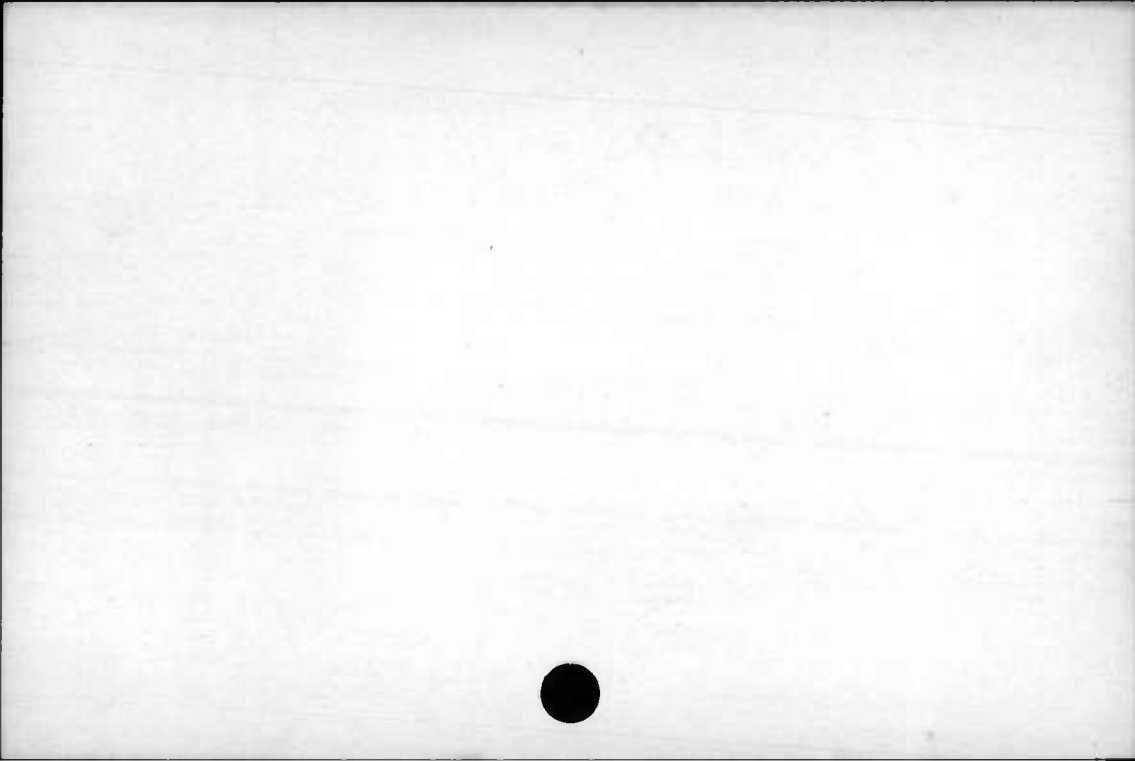
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brimblow</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>18th</i>	Years <i>85</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed			Occupation <i>Farm hand</i>		
Name of Wife or Husband <i>Eliza Pratt</i>					
Father's Name <i>Samuel Pratt</i>			Father's Birthplace <i>Fredrick Co. Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Elizabeth A. Walters</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age reported</i>	How long	<i>About 8 years</i>
Immediate	<i>Senile degeneration</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>As for</i>		<i>Chas. Fagundes, Jr., M.D.</i>	
<i>as I know</i>		Address	
		<i>Olney, Md.</i>	
Accident or Suicide?			



Name
in
Full

Charles Wm Royer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at near Etchison ^{Town}Montgomery ^{County}

MARYLAND

Date
of death 1903

Month

August

Day

Monday

Age

Years

7

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

at Etchison

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Wm J Royer

Father's
Name

Wm J Royer

Father's
Birthplace

near Etchison

Mother's
Maiden Name

Rosa Y Gage

Mother's
Birthplace

New York State

Name of person giving
In formation

Mrs Lavinia Royer

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Marasmus

105

How long

Seven days

Immediate

Exhaustion & Collapse

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

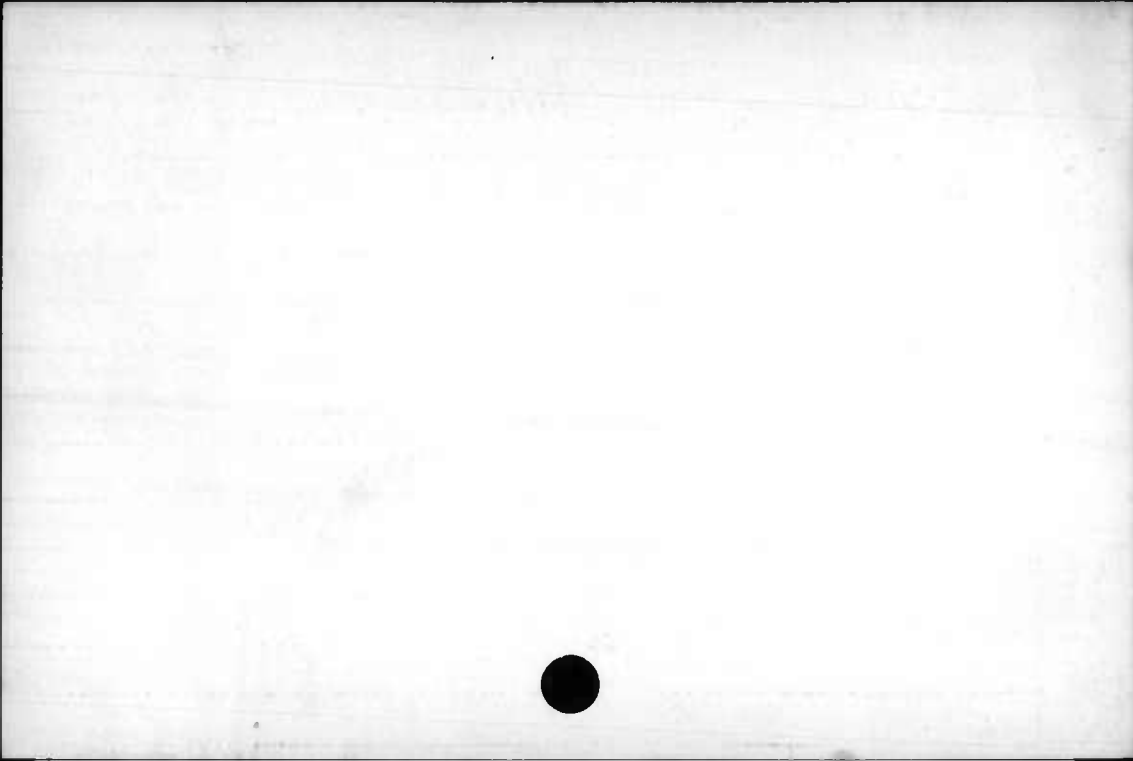
Baile B Garwood

Address

Laytonville Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lucile Beatrice Sauter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Foundling Hospital		County		Montgomery		MARYLAND	
Date of death	1903	Month	Aug.	Day	17th	Age	Years	Months	8
Sex		Female		Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		-		Name of Wife or Husband					
Father's Name		-		Father's Birthplace		-			
Mother's Maiden Name		-		Mother's Birthplace		-			
Name of person giving Information		-		How related to deceased		-			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	3 months
Immediate	Multiple abscess formation	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. N. Howard M.D.	
Address		Foundling Hospital Bethesda Md.	
Accident or Suicide?			



Name in Full		Russell Coleman Sherry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bethesda		County Montg.		MARYLAND
	Date of death		1903	Month Aug	Day 21	Age 1	Years 1 Months 1 Days 24
	Sex		Male		Color or Race White		Birth-place Wash. D.C.
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name				Father's Birthplace Va.		
	Mother's Maiden Name				Mother's Birthplace Va.		
Name of person giving information				61		How related to deceased	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Cerebral Meningitis				1 week		
	Immediate				How long		
	Paralysis						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
				D.C.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

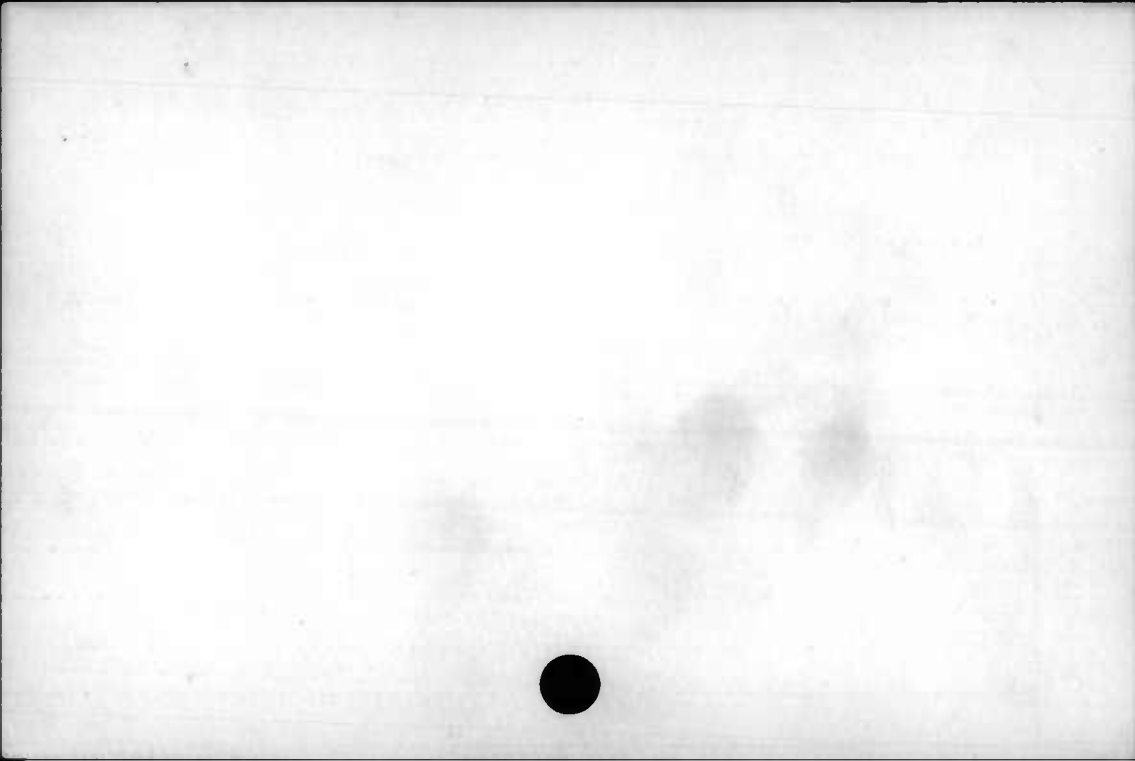
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>23</i>	Age Years Months Days <i>21</i>
Sex <i>m</i>	Color or Race <i>w</i>	Birth-place <i>Takoma Park</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Clarence B. Smith</i>		Father's Birthplace <i>Mich</i>	
Mother's Maiden Name <i>Sattie S. Smith</i>		Mother's Birthplace <i>Mich</i>	
Name of person giving information <i>Clarence B. Smith</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>marasmus</i>	How long <i>24 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Takoma Park, D.C.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bertha Ellen Haugh</i>		Town <i>Murphy</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Date of death 190 <i>2</i>		Age		Months <i>2</i>	
Month <i>Aug.</i>		Day		Years		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Sam Haugh</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Lula Stevens</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs Haugh</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Choking Cough</i>		How long <i>10 days</i>	
Immediate <i>Choking Cough</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Eugene Jones</i>	
		Address <i>Murphy</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm B. Miller*
Town *Pheasant* County *Montgomery* MARYLAND
Died at
Date of death 190 *3* Month *Aug* Day *28* Age *71* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Pa*
Married, Single or Widowed *Married* Occupation *Farmer*
Name of Wife or Husband
Father's Name
Mother's Maiden Name
Name of person giving information *Parker Miller* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Organ Dis Heart & Arteries* How long *6 mo*
Gastritis How long *3 days*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Eugene Jones*
Address *Newington Md*
Accident or Suicide?

2-1-44 78



Name
in
Full

Cecelia Thright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>August</i> ^{Month}	<i>19th</i> ^{Day}	Age <i>91</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>	
Married, Single or Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>George Thright</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Robert Blair & Son Wm.</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age reported.</i>	How long <i>154</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>As for</i>	Signature of Physician <i>Chas. Forquhar, M.D.</i>
<i>as I know</i>	Address <i>Olney Md.</i>
Accident or Suicide?	



Name in Full Charlie Yeager		CERTIFICATE OF DEATH	
Died at Laytonsville ^{Town}		Montgomery ^{County}	
Date of death 1903 August ^{Month} 5 ^{Day} Wednesday ^{Age}		2 ^{Months} 4 ^{Days}	
Sex Male		Color or Race White	
Married, Single or Widowed		Birth-place Laytonsville Md	
Occupation			
Name of Wife or Husband Frank Yeager			
Father's Name Frank Yeager		Father's Birthplace Germany	
Mother's Maiden Name Margaret Crans		Mother's Birthplace Germany	
Name of person giving information Frank Yeager		How related to deceased Father	
<div> <div>Causes of Death</div> <div> <div>Cholera</div> <div>infantum</div> </div> </div>			
Primary Cholera infantum		How long 105	
Immediate		How long nine days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Paul B Crawford	
		Address Laytonsville Md	
Accident or Suicide?			

